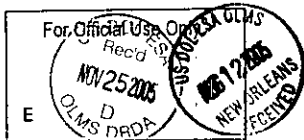


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>13090</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>Rayford H Calamari, Jr.</b>  P.O. Box, Bldg., Room No., if any  Street <b>1215 Japonica Street</b>  City <b>New Orleans</b>  State <b>Louisiana</b> ZIP Code + 4 <b>70117-4604</b>	4. Name, file number, and address of labor organization.  Name <b>Carpenters &amp; Piledrivers Local Union 1846</b>  Labor Organization File Number <b>029-977</b>  P.O. Box, Building and Room Number, if any  Street <b>315 South Broad Street</b>  City <b>New Orleans</b>  State <b>Louisiana</b> ZIP Code + 4 <b>70119</b>
5. Position in labor organization. <b>Conductor (LU(1846) Delegate (LCRC)</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          \$0

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Rayford H Calamari Jr</i></u>	On <u>08/09/2005</u> Date	<u>504-945-3127</u> Telephone Number

Name of Person Filing Rayford Calamari, Jr.	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LCRC Joint Apprenticeship and Training Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Building 1</p> <p>Street 10054 I010 Service Road, East</p> <p>City New Orleans</p> <p>State Louisiana ZIP Code + 4 70127-1888</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Union is co-sponsor of the Fund.</p> <p>11.b. Approximate dollar value of such dealing. \$239,007</p> <p>12.a. Nature of interest held or income received.</p> <p>Apprenticeship Coordinator: \$48,880.00</p> <p>Apprenticeship Convergence: Southern State</p> <p>Apprenticeship Conference, Biloxi, MS - June, 2004</p> <p>Wages, Mileage, Delegate fee, and Hotel - \$1,159.00</p> <p>12.b. Amount. \$50,039</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$0</p>

Name of Person Filing Rayford Calamari, Jr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Shumaker, Loop & Kendrick, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any North Courthouse Square

Street 1000 Jackson Street

City Toledo

State Ohio ZIP Code + 4 43624-1573

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LA Carpenters Reg. Council Pension Plan

Trade Name, if any: Pension Services, Inc.

P.O. Box, Bldg., Room No., if any Building 1

Street 10054 I-10 Service Road, East

City New Orleans

State Louisiana ZIP Code + 4 70127-1886

11.a. Nature of such dealing.

Fund Counsel

11.b. Approximate dollar value of such dealing. \$68,250

12.a. Nature of interest held or income received.

Meal: September 28, 2004

12.b. Amount. \$43